

Plan Name: \_\_\_\_\_  
 Region : \_\_\_\_\_

**MEDICAID PREMIUM PROPOSAL SUMMARY  
 PROPOSED RATE BY COUNTY**

**Schedule C1 - VOLUNTARY**

Rate Period:

PREMIUM GROUP	PROPOSED VOLUNTARY RATES			
	County Group 1:	County Group 2:	County Group 3:	County Group 4:
<b>Newborn Supplemental Payment</b>				
<b>ADC &amp; HR &lt;6 Mo. F &amp; M</b>				
<b>ADC &amp; HR 6 Mo. - 14 F</b>				
<b>ADC &amp; HR 15 - 20 F</b>				
<b>ADC &amp; HR 6 Mo. - 20 M</b>				
<b>ADC 21 - 64 F &amp; M</b>				
<b>HR 21 - 29 F &amp; M</b>				
<b>HR 30 - 64 F &amp; M</b>				
<b>SSI 6 Mo. - 20 M &amp; F</b>				
<b>SSI 21 - 64 M &amp; F</b>				
<b>SSI 65+ M &amp; F</b>				

**Schedule C2 - MANDATORY**

Rate Period:

PREMIUM GROUP	PROPOSED MANDATORY RATES			
	County Group 1:	County Group 2:	County Group 3:	County Group 4:
<b>Newborn Supplemental Payment</b>				
<b>ADC &amp; HR &lt;6 Mo. F &amp; M</b>				
<b>ADC &amp; HR 6 Mo. - 14 F</b>				
<b>ADC &amp; HR 15 - 20 F</b>				
<b>ADC &amp; HR 6 Mo. - 20 M</b>				
<b>ADC 21 - 64 F &amp; M</b>				
<b>HR 21 - 29 F &amp; M</b>				
<b>HR 30 - 64 F &amp; M</b>				

Note 1: Under each county group #, identify the counties with identical benefit packages and list the requested premiums below. Counties with different sets of optional benefits should be identified under the next county group #. The rates should reflect the core benefit package plus the county specific optional benefits as shown on the CRCS Schedules D1- through D11 and E1 through E8.

Note 2: Rates for MA-only members are the same as the corresponding ADC, HR and SSI premium group categories.

Note 3: Mandatory program rates should be requested when the county is expected to begin mandatory enrollment during the rate period. Voluntary SSI rates should always be requested as SSI enrollment will continue to be voluntary even in otherwise mandatory counties.